# STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 17 2017

I. Name of Lobbyist(s)Geo	ffrey A. Gallo		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partner	ship, firm or corporation, if a	any:	
AstraZeneca Pharmacei	uticals, LP		
	ership, firm or corporation)		
3 Merles Lane	Stratham	NH	03885
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 772-1559	( )	a mail deoffre	/.gallo@astrazeneca.com
(Telephone)	( )(Fax		7.9ano@astrazerreca.com
III. This statement covers: (Cl reportable expense transaction			may file a separate report for
All reportable transactions o	ccurring in the months prior to	the reporting date relative to	the following client:
AstraZeneca Pharmaceut	icals, LP		
(Full Na	ne of Client as it appears on the L	obbyist Registration Form)	· · · · · · · · · · · · · · · · · · ·
<u>OR</u>			
All reportable transactions by unrelated to any particular client		bbyist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report April 2	6, 2017 🕱	July 26, 2017 📋	
-	te of registration to 3/31/17	activity from 4/1/17 to 6/30/.	17
	r 25, 2017 [] m 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/.	
V. There have been no fees If this box is checked, complete J. Concord, NH 03301.			
VI. Check if additional reports	s are attached:		
lx If you have received fees or		file Addendum A- Fees and	Expenses
If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses, y	ou must file <b>Addendum B</b> – F	Report of Honorariums or
☑ If you, your firm, or your fa	mily has made political contrib	outions, you must file Addend	Jum C– Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my leading to the sest of my leading	RSA 14-C and RSA 664 and I		e foregoing information is true  Oate)

# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Geoffrey A. Gallo	
II. Name of lobbyist's partnership, firm or corporation, if any:	
AstraZeneca Pharmaceuticals, LP	
(Name of partnership, firm or corporation)	· · ·
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses particles; (b) the aggregate total of all expenses; (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); are parting period of greater than \$25.00 five of greater than \$25, purchase of the person of the second secon
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$0  f) \$  whiting fees during this reporting
f) Total of all expenses year to date	abbying fees during this reporting
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	ooying rees during ans reporting
Paid to:	Amount:
n/a	\$0
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	14 Apr 2017
1	(Date)
Geoffrey A. Gallo (Print Name of lobbyist)	



# STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

AstraZeneca Phar	artnership, firm or corporation)		
			Date
The Nume of Chem			Date
Political Contributions			
			664 paid on behalf of the
client/lobbyist and lobby	ing firm, indicate the fo	llowing:	
Full name of candidate:	Kenney	Joe	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100	Office Candidate is S	eeking Executive Council
			or services provided, and enter the
Full name of candidate:	Gannon	Bill	
Full name of candidate:	Gannon (Last Name)	Bill (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial) beking State Senate
Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind co	(Last Name) 100  cind contribution, provide ontribution on the line abo	(First Name) Office Candidate is Se	
	(Last Name)  100  kind contribution, provide ontribution on the line about the word "estimate."	(First Name)  Office Candidate is Set a description of the goods ove for amount of contribution	eeking State Senate or services provided, and enter the
Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	(Last Name) 100  cind contribution, provide ontribution on the line abo	(First Name) Office Candidate is Se	seking State Senate

If the contribution is an in-kind contribution, provide a description	of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount	of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	os on separate addendum C forms
the same and the s	is on separate addendant o forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw	ear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	car or armin that the foregoing information
the second secon	
16.16.11/11/	1
Jymy Arun	14 Apr 2011
(Signature of loobyist)	(Date)
Cooffee A Colle	
Geoffrey A. Gallo	
(Print Name of lobbyist)	